	Effective on 12/	/08/2004.						±			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				2).	Complete if Known						
FEE TRANSMITTAL				Applic	cation Number	10/511,006					
For FY 2008				Filing	Date	5/9/2005					
FULLI ZOO				First N	Named Inventor	Mark Jason	Heath Ellison	***************************************			
Applicant claims small entity status. See 37 CFR 1.27				Exami	ner Name	Mina Hagh	ighatian				
				Art Uı		1616					
TOTAL AMOUNT OF PAYMENT (\$) 970.00					Attorney Docket 0470 - 044861						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Z = 1.1											
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card											
information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
				- Mary - Mary American Assessment of the Control of	be subject to a	surcharge.)					
1. BASIC FILING, S		ND EXAMINA G FEES		ES CH FEES	ESV A NAINT A	TION FEES					
		Small Entity		Small Entity							
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	nid (2)			
Utility	310	155	510	255	210	105					
Design	210						0				
<u> </u>		105	100	50	130	65	0				
Plant	210	105	310	155	160	80	0				
Reissue	310	155	510	255	620	310	0	1			
Provisional	210	105	0	0	0	0	0				
2. EXCESS CLAIM	FEES							Small Entity			
Fee Description							<u>Fee (\$)</u>	Fee (\$)			
Each claim over 20 (including Reissues)							50	25			
Each independent claim over 3 (including Reissues)  Multiple dependent claims							210	105			
	20 or HP	Extra Clair	me Tro	e (\$)	Foo Doid (f)		370	185			
Total Claims - 2	70 OF 111	= Extra Clair	x re	<del>(5)</del>	Fee Paid (\$)		Fee (\$)	pendent Claims Fee Paid (\$)			
HP = highest number of	total claims pa	id for, if greater th					0				
Indep. Claims - 3	3 or HP	Extra Clair	me F	ee (\$)	Fee Paid (\$)			0			
	- UL ALA	=	<u>ж</u>	=	ree raid (b)						
HP = highest number of	independent cla	aims paid for, if gr	reater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round <b>up</b> to a whole number) x = 0											
4. OTHER FEE(S)  Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): Notice of Appeal (\$510), Petition for Extension of Time (\$460) 970.00											
CIIPMITTED DV											
SUBMITTED BY	<del></del>			. To-	ristration No.						

SUBMITTED BY				
Signature	Wing HInson	Registration No. (Attorney/Agent) 22,132	Telephone	412-471-8815
Name (Print/Type)	William H. Logsdon		K	August 26, 2008